

**MASSACHUSETTS DIVISION OF INSURANCE
RESTRICTION OF COVERAGE ENDORSEMENT**

NOTE: This form should be kept in a central location at the company so that this form and all other such forms are readily available for inspection by the Commissioner of Insurance or his/her designee. This form should not be submitted to the Division of insurance for approval.

Insurance Company _____

The undersigned Named Insured has requested that coverage for the policy being issued, and to which this endorsement is attached, be restricted so as to afford coverage to the remaining exposure at standard rates issued by the above company. The details of the restriction(s) applicable are contained on the reverse side of this endorsement and any attachments hereto. The following general information is offered below:

1. Name Insured _____
2. Mailing Address _____ Telephone _____

3. Name of Agent/Broker _____
4. Agent Address _____ Telephone _____

5. Type of Insurance Policy _____
6. Policy Number _____ New or Renewal _____
7. Inception/Expiration Dates _____
8. Effective Date of this Endorsement _____
9. Location of Risk if different from mailing address:

10. Type of Risk (commercial exposures only) _____

I am unable to obtain insurance coverage of the type noted above at the standard rates usually applicable to this type of coverage, due to the existence of hazards detailed on the reverse side of this endorsement. Rather than pay a higher premium for the standard coverage, I request approval of the restrictions noted on the reverse.

(Insured's Name)

(Insured's Signature)

(Date)

SRB-CR-2(07/01)
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DETAILS OF RESTRICTION(S)

I. PROPERTY AND OTHER FIRST PARTY INSURANCE COVERAGES:

Detail below the type(s) or item(s) of coverage to be restricted, as well as the underwriting reasons which underlie the restriction(s). In the case of Property insurance, attach a copy of any detailed inspection or survey form upon which the decision to offer restricted coverage was based. For Homeowners and/or Dwelling Fire and Allied Lines attach a (black and white) photograph of any structures restricted from coverage.

II. LIABILITY INSURANCE COVERAGES

Detail below any hazards which are to be specifically restricted from Bodily Injury and/or Property Damage Liability coverage. At a minimum, the information should include Type of Hazard and Insurance Claim history. In the case of vicious animals, please also provide information as to physical description (breed/age/color, etc.) as well as animal's name and license number (where required). If no actual historical loss data is available, attach any other documentation that underlies the decision to restrict coverage in this regard.

PERSON COMPLETING THIS ENDORSEMENT _____
(print or type)

SIGNATURE OF ABOVE _____ DATE _____

TITLE OF ABOVE _____

NAME OF OFFICER RESPONSIBLE _____
(print or type)